



Statewide Health Care Core Measure Set
Technical Work Group on Chronic Illness Measures
 Meeting #8: Thursday, December 4, 2014
 9:00 – 11:00 am
Meeting Summary

Agenda Item	Summary of Workgroup Activity and/or Action(s)
I. Welcome and Introductions	Susie Dade, Deputy Director of the Washington Health Alliance welcomed the group to the last meeting of the Technical Work Group on Chronic Illness Measures. Workgroup members introduced themselves. Meeting attendance is recorded on page three of this meeting summary. The slide deck for this meeting is available upon request; please contact Susie Dade at sdade@wahealthalliance.org
II. Review of Public Comment on Proposed Measures	<p>Ms. Dade provided an overview of the feedback received through the public comment process. Sixty-seven individuals responded to the on-line survey, with 47 complete responses (all questions answered). Responses to the survey were as follows:</p> <p><i>"I clearly understand the purpose of the statewide core measure set."</i> 70% Yes; 24% Somewhat; 6% No (N = 67)</p> <p><i>"Have you had the opportunity to review the final draft list of proposed measures?"</i> 82% Yes; 14% Somewhat; 4% No (N = 66)</p> <p><i>"Recognizing that this is considered a 'starter set' that will evolve over time, do you agree with the recommended measures?"</i> 32% Yes; 61% Somewhat; 7% No (N = 56)</p> <p><i>"Do you feel there are measures/topics that <u>should not</u> be included on the core measure set, but currently are?"</i> 60% Yes; 40% No (N = 53)</p> <p><i>"Do you feel there are any measures/topics that <u>should</u> be included on the core measure set, but currently are not?"</i> 57% Yes; 43% No (N = 49)</p> <p><i>"Do you feel the process to select the draft core measure set was communicated in a clear and timely manner?"</i> 57% Yes; 37% Somewhat; 6% No (N = 51)</p> <p>There were a number of narrative comments, all of which were shared with the workgroup verbatim. The overall themes included in the narrative comments can be summarized into the following topics:</p> <ul style="list-style-type: none"> • Burden of measures set on providers • ED measures • Oral health • Integration of behavioral/physical health • Size of measure set (too big) • Lack of measures that impact cost • Importance of stratification/focusing on social determinants of health • Low volume/small providers/rural health

Summary of Discussion and Actions, Chronic Illness Measures Workgroup, December 4, 2014

	<ul style="list-style-type: none"> • Advanced care planning/end of life • Medications <p>Workgroup members reflected that the input received via the public comment period was positive overall and reaffirmed that the measure recommendations are generally well-supported with some suggestions for specific measures that should be eliminated or added.</p>
III. Discuss and Finalize Recommended Measures	<p>The workgroup discussed each of the specific Chronic Illness measures that were impacted by one or more comments/suggestions made during the public comment period. Workgroup members were instructed that, for each measure, they had the choice to: (1) maintain their recommendation(s) as is/make no change; (2) eliminate a measure; or (3) add a new measure; One workgroup member also suggested that the group could make suggestions about prioritizing topics or measures for future consideration.</p> <p>FINAL ACTION: The workgroup's recommendations re: the measure set remained the same. In addition, the workgroup wants to emphasize the importance of development of measures to assess substance abuse service penetration and treatment. Starting on page 4 there is a summary of the discussion and action taken regarding each measure under consideration. The workgroup noted that they appreciated the public's input, especially the specific measure comments.</p>
IV. Next steps and wrap-up	<p>This was the last meeting of the Chronic Illness Measures Workgroup. Ms. Dade thanked committee members for the time and energy that they devoted to this important (and rapid!) process. The Performance Measurement Coordinating Committee (PMCC) is meeting on December 17th from 1:00 PM-5:00 PM to finalize the measure set.</p> <p>It was suggested that the meeting materials for the PMCC on the 17th be distributed to the listserv that received the original request for comments so that they may see how the workgroup responded to their comments.</p>

Summary of Discussion and Actions, Chronic Illness Measures Workgroup, December 4, 2014

December 4, 2014 Attendance/Committee members:

Attendance/Workgroup members:

Committee Member	Organization	ATTENDED in Person	ATTENDED by Phone	DID NOT ATTEND
Christopher Dale	Swedish Health Services	X		
Stacey Devenney	Kitsap Mental Health Services	X		
Erin Hafer	Community Health Plan of WA			X
Kimberley Herner	UW/Valley Medical Center Network		X	
Jutta Joesch	King County	X		
Dan Kent	Premiera Blue Cross		X	
Julie Lindberg	Molina Health Care of WA	X		
Paige Nelson	The Everett Clinic		X	
Kim Orchard	Franciscan Health System	X		
Larry Schechter	WA State Hospital Association	X		
Julie Sylvester	Virginia Mason Medical Center			X

Attendance/Staff:

Name	Organization
Susie Dade	Washington Health Alliance
Teresa Litton	Washington Health Alliance
Lena Nachand	Washington State Health Care Authority
Kate Bazinsky	Bailit Health Purchasing

Attendance/Other (Public):

Kate Cross, WA State Department of Health
Jody Daniels, GlaxoSmithKline
Alice Lind, WA State Health Care Authority
Ann Simons, GlaxoSmithKline

Measure to Reconsider	Summary of Public Comment	ACTION BY WORKGROUP	Summary of Workgroup Discussion
Blood Pressure Control	I see reference for adjusting the BP target for those without diabetes to the new JNC8 recommendations. This should be codified at this time since those recommendations are just about 12 months old.	MAINTAIN RECOMMENDATION; KEEP MEASURE ON THE CORE MEASURE SET	The comment on p.21 of the recommendations document distributed to the Coordinating Committee is incorrect (apologies!!); NCQA has already made changes to the HEDIS blood pressure control measure to reflect the JNC guideline changes, and the workgroup has recommended use of the NCQA measure (NQF #0018). <i>Note: The narrative in the final recommendations will be adjusted to reflect that the recommended measure is the HEDIS measure which already reflects the updated clinical guidelines.</i>
Asthma: Use of Appropriate Medication	A recent Kaiser analysis did not find a correlation with the current measure and improved outcomes. Some concerns with the HEDIS Medication Management for People with Asthma (MMA) measure have recently been brought to the attention of NCQA based on this analysis. Specifically the potential flaws include: • It penalizes appropriate step-down of asthma controller therapy per the NIH guidelines• It penalizes the appropriate management of seasonal asthma• The relationship between the MMA measure and improved asthma outcomes is unknown. Recommendation: NCQA is now including the medication ratio measure, considered to be a better measure and more likely to influence better asthma management that also results in improved utilization of urgent and emergent care.	MAINTAIN RECOMMENDATION; KEEP MEASURE ON THE CORE MEASURE SET	The recommended measure is <u>not</u> the HEDIS MMA measure. The recommended measure is titled Use of Appropriate Medications for People with Asthma (ASM) which is a NCQA claims-based measure (NQF #0036). The Asthma Medication Ratio (AMR) measure was placed on the high priority development list. The workgroup supports the use of this measure in the future but the measure requires both claims and clinical data. As the clinical data is not available at this point in time, the workgroup placed this measure on the list for future consideration.

Measure to Reconsider	Summary of Public Comment	ACTION BY WORKGROUP	Summary of Workgroup Discussion
COPD: Use of Spirometry Testing	We would recommend that for the outcomes that are most important for this population related to management of symptoms and decreasing cost, this is not the recommended measure. We agree and support the readmission for hospitalization measure as a much better focus for managing hospitalization and providing appropriate interventions to manage symptoms with medication management for COPD exacerbations.	MAINTAIN RECOMMENDATION; KEEP MEASURE ON THE CORE MEASURE SET	<p>This measure focuses on use of spirometry to aid diagnosis (rather than ongoing management). Clinician members of the workgroup make the case that accurate diagnosis is important as it is not uncommon for people to be placed on long term, expensive medication for COPD when they do not have COPD.</p> <p>In the commercial and Medicaid populations, we expect that there will be too few COPD readmissions to collect meaningful/ publicly reportable data.</p> <p>Also, the workgroup noted that they have recommended the AHRQ PQI measure to assess ambulatory care sensitive hospital admissions for COPD.</p>
Medication Adherence: Proportion of Days Covered	This measure seems impossible to measure accurately.	MAINTAIN RECOMMENDATION; KEEP MEASURE ON THE CORE MEASURE SET	While it is true that it is impossible to measure whether a patient is actually taking their medication, this measure assesses whether the patient gets enough medication refills to adhere to the medication as prescribed. WA is not currently using this measure but the Pharmacy Quality Alliance has agreed to provide the WA Health Alliance with the detailed specifications. There may be some challenges with the implementation but the workgroup felt that the measure was important enough to recommend the measure. Inclusion of this measure on the starter is supported by pharmaceutical representatives and the WA State Pharmacy Association.

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Generic Prescribing	Experience across the state and at Virginia Mason indicates that Washington already is at a high level of prescribing of generics; the state averages more than 87.6 percent. Moreover, the state already has several programs in place to promote the prescribing of generics. We question whether the inclusion of the proposed measure will enhance health care delivery.	MAINTAIN RECOMMENDATION; KEEP MEASURE ON THE CORE MEASURE SET	This topic was thoroughly discussed multiple times within the Chronic Illness Measures Work Group and there was agreement that existing variation in practice indicates ongoing opportunity for improvement in generic medication prescribing. With room for continued improvement, the potential cost savings for even a 1-2% improvement are substantial.

Other Topics:

Topic	Summary of Public Comment	ACTION BY WORKGROUP	Summary of Workgroup Discussion
Patient Experience	The core measures, even as "starters," fully and absolutely exclude ANY measure related to patient or community member satisfaction with delivered care, engagement and activation in acquiring care, engagement in the care process, education (preventive and management), or, perhaps most important, patient-provider collaboration. There should be more patient experience measures.	MAINTAIN RECOMMENDATION; DO NOT ADD ADDITIONAL PATIENT EXPERIENCE MEASURE	The workgroups have included three patient experience measures (two hospital, one ambulatory) in the recommended starter set: (1) Communication about Medications (hospital), (2) Discharge Instructions (hospital) and (3) Provider Communication (primary care). With limitations on the number of measures to be included in the starter set, the workgroups felt that these were the most important patient experience measures to include.

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Advanced Care Planning/End of Life	The measures could be more effectively aligned with the Advance Care Planning, End of Life Care, and Conversation Project work being completed by the Honoring Choices PNW (WSHA/WSMA) Work Groups, Bree Collaborative and WAHA. Ask that you consider elevating Advance Care Planning, currently listed in the Second Tier, to the First Tier Prioritization for the future measure set. Where is end of life planning?	KEEP ADVANCED CARE PLANNING/END OF LIFE ON THE HIGH PRIORITY DEVELOPMENT LIST FOR CONSIDERATION IN FUTURE YEARS	The workgroup agreed that this is a very important area of work and it is on the high priority development list for further consideration. More effective use of advanced care planning and end of life conversations can improve quality of life and reduce cost. However, the workgroup expressed concern about this area for measurement and public reporting, noting that “not everything that counts can be counted.” This is a complex area insofar as reasons for involvement of health plans, practitioners and provider organizations in end-of-life matters can be easily misinterpreted.
Cost Measures	Medicaid spending per Enrollee: Cost is an important metric and it is essential to make sure this measure is adjusted appropriately for meaningful differences in the population.	MAINTAIN RECOMMENDATION; NO FURTHER ACTION	The workgroup agrees that the cost measures need additional definition development. This has already been noted in the recommendations.
Low Volume, Rural and Critical Access Providers	A workgroup member wanted to know what work will be done with regard to the measurement of low volume providers and providers in rural areas and Critical Access Hospitals.	NO FURTHER ACTION	WSHA has volunteered to lead a workgroup to discuss metrics that are applicable, fair and feasible for critical access hospitals and rural hospitals to implement. So a process has already been identified to further this work for CAHs and rural hospitals. Additionally there needs to be further discussion by the state about how it will handle performance measurement and public reporting when there is a preponderance of results with a small N.

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Behavioral Health/Integration of Behavioral and Physical Health	<p>Mix of comments:</p> <p>The measures do not adequately measure mental health or substance abuse disorders.</p> <p>There is very little alignment with this set and the 1519/ 5732 measure set. The 1519/ 5732 prioritized measures (that should be considered for inclusion) most likely to decrease cost and improve care are: ED visits, inpatient utilization, adult access to preventative care, MH treatment penetration, and alcohol/ drug treatment retention.</p> <p>The measures appropriately encompass mental and physical health centered outcomes.</p>	<p>MAINTAIN RECOMMENDATIONS AS IS; DO NOT RECOMMEND ADDITIONAL MEASURES AT THIS TIME</p> <p>RECOMMEND MOVING THE SUBSTANCE ABUSE MEASURES TO THE TOP TIER OF HIGH PRIORITY DEVELOPMENT TOPICS</p>	<p>The state has created a crosswalk that shows where there is alignment between the recommended starter set measures and the 1519/5732 measures. The workgroup briefly re-reviewed the measures included in the 1519/5732 work and noted again where there is alignment, particularly in areas that focus on health care delivery. It was noted that some of the 1519/ 5732 measures are thought to be beyond the scope of this work:</p> <ul style="list-style-type: none"> • Quality of life • Criminal justice and forensics • Housing, employment, education and meaningful activities <p>It was also noted that finalized measures are not yet completed in all areas.</p> <p>During the workgroup process, the workgroup was very interested in adding a SBIRT or substance abuse service penetration measure but struggled to find a measure that would be feasible to implement at this time.</p> <p>The workgroup would like the report to reflect that they are particularly interested in future inclusion of measures related to screening/ intervention and mental health and substance abuse service penetration when it is feasible to do so.</p>